



HORTICULTURE CHANGE OF INFORMATION REQUEST

RETURN THIS FORM BY MAIL, FAX, OR EMAIL TO:
5825 FLORIDA BLVD., SUITE 3002, BATON ROUGE, LA 70806 - 225.237.5571 - horticulture@daf.state.la.us -
Phone (225)952-8100

Verification	
Name:	SSN/Tax ID #:
License Type(s):	License/Permit Number(s):

Please provide **ONLY** the information that has changed.

New Name	
New Physical Address	
Address	City
State	Zip Code
New Mailing Address	
Address	City
State	Zip Code
New Phone Number	
New Email Address	
New Company Name**	
New Company Address	
Address	City
State	Zip Code
	Phone Number

****If your license requires insurance, submit a certificate of insurance reflecting the new company name.**

My signature affirms that all the information provided is true and correct to the best of my knowledge.

Signature:	Date:
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Signature of LDAF employee:	Date of Changes:
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